



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E370518**

1 2 3 27  
2  
3  
1 1 8 28  
2  
3

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02739
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	11	-	01	-	2014	TIME (2400)	0101	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>		
6TH PLACE SE			BLOCK NO. <input checked="" type="checkbox"/>	8300
			MILE POST <input type="checkbox"/>	

DISTANCE	150	00	MILES	N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	83RD AVENUE SE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	ANDERSON	FIRST NAME	TYLER	MIDDLE INITIAL	J
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STREET NEW ADDRESS	525 RAINIER ST
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CITY	LA CONNER	ST	WA	ZIP	982574707
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ANDERTJ16100	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	09	-	20	-	1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ABT0292	STATE	WA	VIN#	4A3AK44Y6XE062745
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1999	MAKE	MIT	MODEL	ECLCP	STYLE	2H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1493819C8947
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	INJURY CLASS	0	NATURE OF INJURIES
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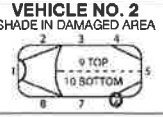
LICENSE PLATE #	ALS1580	STATE	WA	VIN#	1HGEM21935L069677
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	HOND	MODEL	CIVCP	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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1 4 30  
1 1 2 31  
2  
3  
1 32  
2  
3  
FROM TO  
0 0 33  
FROM TO  
34  
4 35  
36  
37  
38  
39  
40  
1 41  
1 42



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E370518**

CASE # **14-02739**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 11/01/2014 at 0121 hours I was dispatch to a 2 vehicle non-injury collision. The driver of vehicle 1 said that his vehicle was blocking the neighbors driveway. He went outside to back it. Driver of vehicle 1 did not see legally parked unoccupied vehicle 2 and struck vehicle 2 L/R corner with L/R of vehicle 1. There was dense fog at the time of collision

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**11-02-14 05:38 AM**

DATED

PLACE SIGNED

APPROVED BY

**RON BROOKS 013**

DATE

**11/3/2014 7:44:38 AM**

BADGE OR ID # **130**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

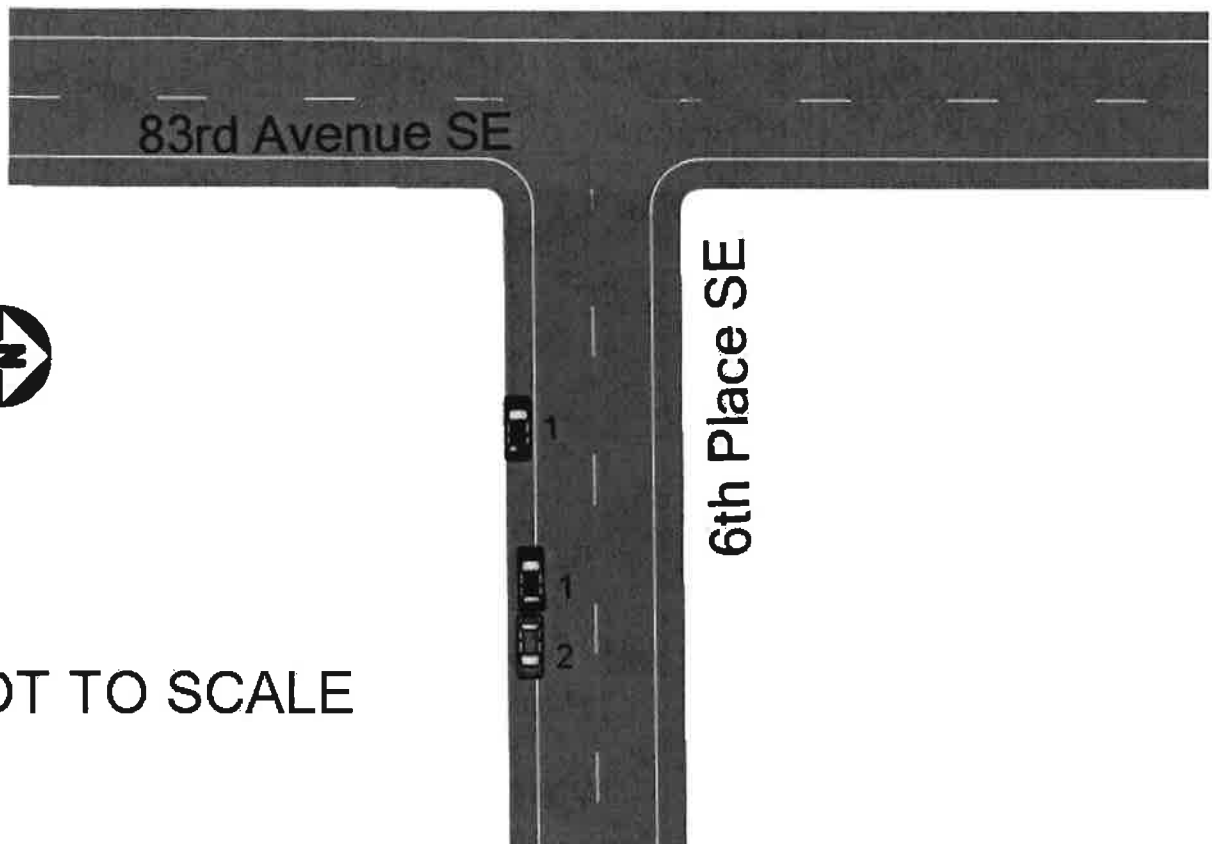
**1:21 AM**

TIME POLICE ARRIVED

**1:25 AM**



NOT TO SCALE



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02739

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Anderson Tyler James	RACE W	ETH	SEX M	DOB 9/20/84	AGE 30	HGT 6'	WGT 240	HAIR Brown	EYES Hazel
STREET ADDRESS 525 Rainier St LaConner		CITY LaConner			STATE WA		ZIP 98257		RES. STATUS WA	
HOME PHONE		CELL PHONE (425) 239-3457			PLACE OF EMPLOYMENT Boeing					
WORK PHONE		EMAIL ADDRESS Tyler5585@hotmail.com								

I, Tyler Anderson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was backing my car around the corner. It was foggy and I did not see a parked car and Backed it into it.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED 11/11/14	LOCATION SIGNED
OFFICER/NUMBER: 	DATE SIGNED 11-14-14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02729

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Virgil, Brendon J.	RACE W	ETH	SEX M	DOB 5/20/1974	AGE 40	HGT 6'1"	WGT 195	HAIR Brown	EYES Brown
STREET ADDRESS 8318 6th Pl SE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE 425-876-5241		CELL PHONE 425-876-5241			PLACE OF EMPLOYMENT Boeing					
WORK PHONE		EMAIL ADDRESS brendon.virgil@yahoo.com								

I, Brendon Virgil, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, (PROPERTY), AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At approximately 1:07 AM on November 1, 2014 I was awoken by a crunching, crashing sound outside my house on the streetside. I went outside and saw that a Mitsubishi Eclipse WA-ABT0292 plates was in front of my house and my 2005 Honda Civic had been damaged while parked by the Mitsubishi Eclipse. Damage is on the left rear quarter panel and rear bumper. The owner stated he is at Fault (owner of Mitsubishi Eclipse).

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 11/1/2014	LOCATION SIGNED
OFFICER/NUMBER: 	DATE SIGNED 11-1-14	LOCATION SIGNED Lake Stevens

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Incident History for: #SS14021718

Case Numbers: \$SS14002739

Entered 11/01/14 01:18:53 BY SPCT05 SP0375  
Dispatched 11/01/14 01:21:14 BY SPDP17 SP0360  
Enroute 11/01/14 01:21:14  
Onscene 11/01/14 01:25:55  
Closed 11/01/14 01:50:01

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397D-2 Group: SS1 Beat: SOUT

Src: T

Loc: 8318 6 PL SE , LKS btwn 83 AV SE & DEAD END (V)

Loc Info:

Name: VIRGIL, BRENDON

Addr:

Phone: 4258765241

/0118 (SP0375) ENTRY , CC, 10 AGO, NON INJ, NON BLKING, RED HONDA CIVI  
C V MITS ECLIPSE, BOTH PARTIES ARE STILL @ LOC, W  
ANTS A OFCR @ LOC SO HE CAN FILE A REPORT

/0119 (SP0360) VIEWED  
/0121 DISPER 19N2 #SS130 RUTHERFORD, OFCR (RICH)  
/0125 (SS130 ) \*ONSCNE 19N2  
/0133 \*MISC 19N2 , VEH 2 VIRGIL, BRENDON J 052074, ALS1580, STATE  
FARM 1014801FB147A.  
/0135 \*MISC 19N2 , VEH 1 ABT0292, ANDERSON, TYLER J 092084, STATE  
FARM 1493819CB947.  
/0135 (SP0360) ASNCAS 19N2 \$SS14002739  
/0150 CLEAR 19N2 D/H  
/0150 CLOSE 19N2